FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 966591

1. Corporation Name
BUSINESS ASSISTANCE COUNCIL, INC.

Principal Place of Business	Mailing Address
c/o DEE ECKERT 2621 Cove Cay Dr., #503 Clearwater, Fl. 34620	c/o DEE ECKERT 2621 Cove Cay Dr., #503 Clearwater, Fl. 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PAREKH, RAMESH
2700 E. BAy Dr., #109
Largo, FL. 34641

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transmitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Robert Kocher 434 Imperial Dr. Largo, Fl. 34641	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition D SAlly Mallory 1361 S. fT. Harrison Ave. Clearwater, Fl. 34616
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V Dr. Evan J. Madow 10801 Starkey Rd., #302 Largo, FL. 34647	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition D Robert K. Clark 1002 Grove ST. Clearwater, Fl. 34615
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST Ramesh Parekh 2700 E. Bay Dr., #109 Largo, FL. 34641	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition D Michael King 7946 62nd ST. N. Pinellas Park, FL. 34665
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D [illegible]	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	400001470[illegible] -05/03/95--01065--011 ****130.00 ****130.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Col.James Brown 12661 Indian Rocks Rd. Largo, FL. 34644-2302	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/12/95 813-530-5128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number